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Atty Docket No. 015280-413100US

PTO FAX NO.: 703-872-9307

ATTENTION: Examiner Sakelaris, Sally

Group Art Unit 1634

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**FOR THE PERSONAL ATTENTION OF**

**EXAMINER Sakelaris, Sally**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following document(s) in re Application of BARRY et al., Application No. 09/888,320, filed June 22, 2001 for METHODS OF DIAGNOSING MULTIDRUG RESISTANT TUBERCULOSIS is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Petition for Extension of Time
3. Fee Transmittal
4. Amendment Under 37 CFR 1.116

Number of pages being transmitted, including this page: 12

Dated: July 27, 2004

James Bodas

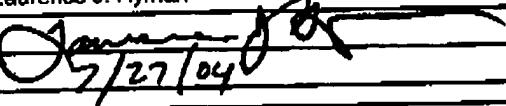
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PTO/SB/21 (04-04)

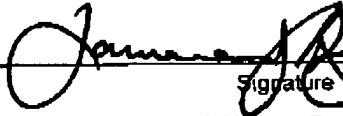
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/888,320
		Filing Date June 22, 2001
		First Named Inventor Barry, Clifton E.
		Art Unit 1634
		Examiner Name Sakelaris, Sally
Total Number of Pages in This Submission		Attorney Docket Number 015280-413100US

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard
<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Townsend and Townsend and Crew LLP Laurence J. Hyman	Reg. No. 35,551
Signature		
Date	7/27/04	

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9307 on July 27, 2004.			
Typed or printed name	Irene Rodas	Date	July 27, 2004
Signature			

PTO/SB/22 (09-03)

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 015280-413100US																							
<table border="1"> <tr> <td colspan="2">In re Application of BARRY et al.</td> </tr> <tr> <td>Application Number 09/888,320</td> <td>Filed June 22, 2001</td> </tr> <tr> <td colspan="2">For METHODS OF DIAGNOSING MULTIDRUG RESISTANT TUBERCULOSIS</td> </tr> <tr> <td>Art Unit 1634</td> <td>Examiner Sakelaris, Sally</td> </tr> </table>			In re Application of BARRY et al.		Application Number 09/888,320	Filed June 22, 2001	For METHODS OF DIAGNOSING MULTIDRUG RESISTANT TUBERCULOSIS		Art Unit 1634	Examiner Sakelaris, Sally															
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Art Unit 1634	Examiner Sakelaris, Sally																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1480</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .</td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</td> <td></td> </tr> </table> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <table> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 35,551</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</td> </tr> </table> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>7/27/04</u> Date</p> <p> Signature</p> <p>Laurence J. Hyman, Reg. No. 35,551 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. <input type="checkbox"/> Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1480	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .		<input type="checkbox"/> A check in the amount of the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	<input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 35,551	<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____
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